

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) America Leads | | FEC IDENTIFICATION NUMBER ▼ C C00573055 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|------------------------------|--|---------------------------------|
| Full Name of Payee Red Maverick Media LLC | | Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 19 / 2016 | |
| Mailing Address 403 N Second St FI 2 | | Amount 16553.00 | |
| City Harrisburg | State PA | Zip Code 17101 | Transaction ID : SE.6525 |
| Purpose of Expenditure Direct Mail | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016 | |
| Name of Federal Candidate Christopher J. Christie | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: IA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|------------------------------|--|---------------------------------|
| Full Name of Payee Red Maverick Media LLC | | Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 19 / 2016 | |
| Mailing Address 403 N Second St FI 2 | | Amount 32109.00 | |
| City Harrisburg | State PA | Zip Code 17101 | Transaction ID : SE.6526 |
| Purpose of Expenditure Direct Mail | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 01 / 14 / 2016 | |
| Name of Federal Candidate Christopher J. Christie | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: NH | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 48662.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Timothy A. Koch

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 20 / 2016

Signature